

Release Form for Employment Verification

Employee Name (Print)	Today's Date
Social Security Number	DOB:
Phone Number:	
Please indicate personal information to be releas	sed:
Salary, Rate of PayDates of Employment	
Job TitleOther, please explain	
Other, piease explain	
I,, authori	ize Global Technical Services, Inc.
Payroll Department to release the above employment	nt information, without liability to:
Via Mail: Company:	
Name of Contact Person:	
Address:	
City, State zip code:	
Via Fax:	
Via Email:	
Signature of Employee	Date
Please Allow 3-5 business days depending on the d release form has been received, the Global Payroll De letterhead with your personal information that you have	partment, will write a letter on compan

to. To ensure prompt response, please complete and sign the form entirely, an incomplete release form can delay your verification of employment process.

Send form to Global Payroll Department: Fax: 817-232-5861

Email: Verifications - verifications@teamglobal.com

Global Technical Services, Inc.